

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET -
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09766735

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
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TOTAL IND.	3		3		3	
TOTAL DEP.	17		17		17	
TOTAL CLAIMS	20		20		20	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			3		3	
TOTAL DEP.			17		17	
TOTAL CLAIMS			20		20	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS